



**LOUISIANA AFFORDABLE HOUSING
MANAGEMENT ASSOCIATION**

2023 MEMBERSHIP DUES INVOICE:

LAHMA OWNER/AGENT MEMBER

Must have at least one (1) Property Member paid

to qualify for owner/agent membership -----\$100.00

NAHMA- REQUIRED (National Membership) ----- +\$ 120.00

Includes NAHMA News and access to NAHMA Website Updates

TOTAL DUE \$ 220.00

Contributions or gifts to LAHMA are not tax deductible as charitable contributions for Federal Tax purposes. However, they may be tax deductible under other provisions of the Internal Revenue Code. No portion of these dues is used for lobbying purposes.

Please make check payable to LAHMA and return with this completed form to address below. Thank you.

MEMBER INFORMATION

Owner/Agent Member

Owner/Agent/Management Company: _____

Contact Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: () _____ **Fax:** () _____

E-mail: _____

Property Member: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone () _____ **Fax:** () _____

E-mail: _____



**LOUISIANA AFFORDABLE HOUSING
MANAGEMENT ASSOCIATION**

2023 MEMBERSHIP DUES INVOICE:

LAHMA ASSOCIATE MEMBER

\$150.00

Total Due

\$150.00

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Thank you.

MEMBER INFORMATION
Associate Member

Company: _____

Contact Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: () _____ **Fax:** () _____

E-mail: _____

Type of Service or Product Provided: _____



**LOUISIANA AFFORDABLE HOUSING
MANAGEMENT ASSOCIATION**

**2023 MEMBERSHIP DUES INVOICE:
LAHMA PROPERTY MEMBER**

Please complete based on number of units at property listed below.

Number of units _____ @ \$2.00 per unit ----- \$ _____

Minimum Dues \$75.00 per property

Maximum Dues \$265.00 per property

NAHMA- REQUIRED (National Membership) ----- +\$ 120.00

Includes NAHMA News and access to NAHMA Website Updates

TOTAL PAID \$ _____

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**MEMBER INFORMATION
Property Member**

Property Name: _____

Property Address: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: () _____ **Fax:** () _____

E-mail: _____

HUD Office reported to: _____

Housing Program: _____

Total # of Units: _____ **# Assisted Units:** _____ **HUD Insured (Y or N):** _____

Management Company: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone () _____ **Fax:** () _____

E-mail: _____